T.,	Ivan Postivka	According to the calculations required by this statement:
In re	Olga Shuparskaya	■ The applicable commitment period is 3 years.
Debtor(s)		☐ The applicable commitment period is 5 years.
Case N	Jumber: (If Irnovin)	☐ Disposable income is determined under § 1325(b)(3).
	(If known)	■ Disposable income is not determined under § 1325(b)(3).
		(Check the boxes as directed in Lines 17 and 23 of this statement.)

CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

In addition to Schedules I and J, this statement must be completed by every individual chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

		Par	t I.	REPORT OF IN	COM	IE				
	Mari	tal/filing status. Check the box that applies a	nd c	omplete the balance	e of	this part of this state	ment	as directed.		
1	a. Unmarried. Complete only Column A ("Debtor's Income") for Lines 2-10.									
	b. 	Married. Complete both Column A ("Debto	r's l	Income'') and Col	umn	B ("Spouse's Incom	ne'')	for Lines 2-10		
		gures must reflect average monthly income rec						Column A		Column B
		dar months prior to filing the bankruptcy case						Debtor's		Spouse's
		ling. If the amount of monthly income varied			, you	must divide the		Income		Income
	sıx-m	onth total by six, and enter the result on the ap	ppro	opriate line.				meone		meome
2	Gross	s wages, salary, tips, bonuses, overtime, con	nmi	ssions.			\$	0.00	\$	0.00
3	Income from the operation of a business, profession, or farm. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 3. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. Do not include any part of the business expenses entered on Line b as a deduction in Part IV.									
	-	C:	\$	Debtor 0.00	ф	Spouse 0.00				
	a. b.	Gross receipts Ordinary and necessary business expenses	\$	0.00		0.00				
	c.	Business income		btract Line b from			\$	0.00	\$	0.00
4	the ap	s and other real property income. Subtract I oppropriate column(s) of Line 4. Do not enter a of the operating expenses entered on Line b	as as	mber less than zero a deduction in Par Debtor	o. Det IV	o not include any Spouse				
	a.	Gross receipts	\$	0.00		0.00				
	b.	Ordinary and necessary operating expenses	\$	0.00		0.00	_			
	c.	Rent and other real property income	Sı	ıbtract Line b from	Line	e a	\$	0.00	\$	0.00
5	Inter	est, dividends, and royalties.					\$	0.00	\$	0.00
6	Pensi	ion and retirement income.					\$	0.00	\$	0.00
7	Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by the debtor's spouse. Each regular payment should be reported in only one column; if a payment is listed in Column A, do not report that payment in Column B.					\$	0.00	\$	0.00	
8	Howe benef or B, Uner	inployment compensation. Enter the amount in ever, if you contend that unemployment competit under the Social Security Act, do not list the but instead state the amount in the space below imployment compensation claimed to benefit under the Social Security Act Debtor	ensa e an w:	ation received by y	ou oi oensa	your spouse was a ation in Column A	\$	0.00	¢	0.00

9	Income from all other sources. Specify source and on a separate page. Total and enter on Line 9. Do n maintenance payments paid by your spouse, but i separate maintenance. Do not include any benefit payments received as a victim of a war crime, crime international or domestic terrorism.	not include alimony of nclude all other pay s received under the	or separate ments of alimony Social Security A	y or			
	a. \$	Debtor	Spouse \$				
	b. \$		\$		\$ 0.0	0 \$	0.00
10	Subtotal. Add Lines 2 thru 9 in Column A, and, if C in Column B. Enter the total(s).	Column B is complete	ed, add Lines 2 th	rough 9	\$ 0.0	0 \$	0.00
11	Total. If Column B has been completed, add Line 10 the total. If Column B has not been completed, enter				\$	•	0.00
	Part II. CALCULATION				PERIOD		
12	Enter the amount from Line 11					\$	0.00
13	Marital Adjustment. If you are married, but are not calculation of the commitment period under § 1325(enter on Line 13 the amount of the income listed in the household expenses of you or your dependents a income (such as payment of the spouse's tax liability debtor's dependents) and the amount of income develon a separate page. If the conditions for entering this b. a. b. c. Total and enter on Line 13	(b)(4) does not requir Line 10, Column B thand specify, in the line or the spouse's supported to each purpose.	e inclusion of the hat was NOT paid es below, the basi out of persons oth If necessary, list	income I on a reg s for exc ner than t	of your spouse, gular basis for cluding this the debtor or the	\$	0.00
14	Subtract Line 13 from Line 12 and enter the resu	lt.				\$	0.00
15	Annualized current monthly income for § 1325(b) enter the result.	(4). Multiply the an	nount from Line 1	4 by the	number 12 and		
	Applicable median family income. Enter the media	un family income for	annlicable state a	nd house	hold size (This	\$	0.00
16	information is available by family size at www.usdo						
	a. Enter debtor's state of residence: WA	b. Enter deb	tor's household si	ze:	4	\$	86,215.00
17	Application of § 1325(b)(4). Check the applicable by The amount on Line 15 is less than the amount top of page 1 of this statement and continue with □ The amount on Line 15 is not less than the amount at the top of page 1 of this statement and continu	t on Line 16. Check in this statement. bunt on Line 16. Ch ne with this statement	the box for "The eck the box for "	The appli	icable commitmer		
	Part III. APPLICATION OF § 132	25(b)(3) FOR DETE	ERMINING DIS	POSABI	LE INCOME		
18	Enter the amount from Line 11.					\$	0.00
19	Marital Adjustment. If you are married, but are not any income listed in Line 10, Column B that was NO debtor or the debtor's dependents. Specify in the line payment of the spouse's tax liability or the spouse's separate page. If the conditions for entering this adjust.	OT paid on a regular es below the basis for support of persons ot ach purpose. If neces astment do not apply.	basis for the hous excluding the Co her than the debto sary, list addition	ehold ex olumn B or or the	penses of the income(such as debtor's		
	c. Total and enter on Line 19.	\$				ф	0.00
20	Current monthly income for § 1325(b)(3). Subtract	et Line 19 from Line	18 and enter the r	esult.		\$ \$	0.00
-	•					φ	0.00

21	Annualized current monthly income for § 1325(b)(3). Multiply the amount from Line 20 by the number 12 and enter the result.								0.00
22	Applic	able median family incom	ne. Enter the amount from	m Lin	e 16.			\$	86,215.00
23	Application of § 1325(b)(3). Check the applicable box and proceed as directed. ☐ The amount on Line 21 is more than the amount on Line 22. Check the box for "Disposable income is determined and complete the remaining parts of this statement. ☐ The amount on Line 21 is not more than the amount on Line 22. Check the box for "Disposable income is 1325(b)(3)" at the top of page 1 of this statement and complete Part VII of this statement. Do not complete It is not complete.								nder §
			ALCULATION (<u>, </u>
		Subpart A: D	eductions under Star	ndar	ls of the Intern	al Reve	nue Service (IRS)		
24A	National Standards: food, apparel and services, housekeeping supplies, personal care, and miscellaneous. Enter in Line 24A the "Total" amount from IRS National Standards for Allowable Living Expenses for the applicable number of persons. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.							\$	
24B	National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 24B. Persons under 65 years of age Persons 65 years of age or older								
	a1.	Allowance per person		a2.	Allowance per p	erson			
	b1.	Number of persons		b2.	Number of perso	ons			
	c1.	Subtotal		c2.	Subtotal			\$	
25A	Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court). The applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.						nis information is e family size consists of	\$	
25B	Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court) (the applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 47; subtract Line b from Line a and enter the result in Line 25B. Do not enter an amount less than zero. a. IRS Housing and Utilities Standards; mortgage/rent expense \$ b. Average Monthly Payment for any debts secured by your home, if any, as stated in Line 47 \$ c. Net mortgage/rental expense Subtract Line b from Line a.						\$		
26	Local S 25B do Standar	Standards: housing and uses not accurately computerds, enter any additional antion in the space below:	tilities; adjustment. If the allowance to which	you a	ontend that the pr	rocess set the IRS H	out in Lines 25A and lousing and Utilities		
	Content	non in the space below:						\$	

	Local Standards: transportation; vehicle operation/public transportation expense allowance in this category regardless of whether you pay the regardless of whether you use public transportation.					
27A	Check the number of vehicles for which you pay the operating expension included as a contribution to your household expenses in Line 7. \square 0					
	If you checked 0, enter on Line 27A the "Public Transportation" amout Transportation. If you checked 1 or 2 or more, enter on Line 27A the Standards: Transportation for the applicable number of vehicles in the Census Region. (These amounts are available at www.usdoj.gov/ust/	"Operating Costs" amount from IRS Local e applicable Metropolitan Statistical Area or	\$			
27B	Local Standards: transportation; additional public transportation for a vehicle and also use public transportation, and you contend that your public transportation expenses, enter on Line 27B the "Public Tr Standards: Transportation. (This amount is available at www.usdoj.gc court.)	you are entitled to an additional deduction for ransportation" amount from the IRS Local	\$			
	Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) \square 1 \square 2 or more.					
28	Enter, in Line a below, the "Ownership Costs" for "One Car" from the (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy of Monthly Payments for any debts secured by Vehicle 1, as stated in Little result in Line 28. Do not enter an amount less than zero.	court); enter in Line b the total of the Average				
	a. IRS Transportation Standards, Ownership Costs Average Monthly Payment for any debts secured by Vehicle	\$				
	b. 1, as stated in Line 47	\$				
	c. Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.	\$			
29	Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 28. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Averag Monthly Payments for any debts secured by Vehicle 2, as stated in Line 47; subtract Line b from Line a and enter the result in Line 29. Do not enter an amount less than zero.					
	a. IRS Transportation Standards, Ownership Costs	\$				
	Average Monthly Payment for any debts secured by Vehicle b. 2, as stated in Line 47	\$				
	c. Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	\$			
30	Other Necessary Expenses: taxes. Enter the total average monthly estate, and local taxes, other than real estate and sales taxes, such as increase security taxes, and Medicare taxes. Do not include real estate or sales	come taxes, self employment taxes, social	\$			
31	Other Necessary Expenses: involuntary deductions for employment deductions that are required for your employment, such as mandatory uniform costs. Do not include discretionary amounts, such as voluntary deductions for employment deductions that are required for your employment, such as mandatory uniform costs.	retirement contributions, union dues, and	\$			
32	Other Necessary Expenses: life insurance. Enter total average mon life insurance for yourself. Do not include premiums for insurance any other form of insurance.		\$			
33	Other Necessary Expenses: court-ordered payments. Enter the totapay pursuant to the order of a court or administrative agency, such as include payments on past due obligations included in line 49.		\$			
34	Other Necessary Expenses: education for employment or for a phythetotal average monthly amount that you actually expend for educate education that is required for a physically or mentally challenged depoproviding similar services is available.	ion that is a condition of employment and for	\$			
35	Other Necessary Expenses: childcare. Enter the total average mont childcare - such as baby-sitting, day care, nursery and preschool. Do		\$			
36	Other Necessary Expenses: health care. Enter the total average mo health care that is required for the health and welfare of yourself or yoursurance or paid by a health savings account, and that is in excess of include payments for health insurance or health savings accounts.	our dependents, that is not reimbursed by the amount entered in Line 24B. Do not	\$			

- (-	*	om 220) (chapter 13) (04/13)					
37	actuall pagers	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service-to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.					
38	Total 1	\$					
	Subpart B: Additional Living Expense Deductions						
		=	expenses that you have listed in Lines 24-37				
	Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.						
39	a.	Health Insurance	\$				
	b.	Disability Insurance	\$				
	c.	Health Savings Account	\$				
	Total a	and enter on Line 39		\$			
	If you below:		te your actual total average monthly expenditures in the space				
40	Continued contributions to the care of household or family members. Enter the total average actual monthly						
41	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incur to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.						
42	Home Standa truste claime	\$					
43	Educa actuall school docum necess	\$					
44	necessary and not already accounted for in the IRS Standards. Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.			\$			
45	Charit	table contributions. Enter the amount reasonal	bly necessary for you to expend each month on charitable ents to a charitable organization as defined in 26 U.S.C. § of 15% of your gross monthly income.	\$			

		Subpart C: Deductions for I	Debt Payment							
47	scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 47.									
	Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance						
	a.		\$ Total: Add Line	□yes □no	\$					
48	motor vehicle, or other propert your deduction 1/60th of any a payments listed in Line 47, in sums in default that must be pa the following chart. If necessar	laims. If any of debts listed in Line 47 are y necessary for your support or the support mount (the "cure amount") that you must porder to maintain possession of the propertial in order to avoid repossession or foreclery, list additional entries on a separate page	of your dependents, ay the creditor in add y. The cure amount w sure. List and total a	you may include in ition to the ould include any ny such amounts in						
	Name of Creditor a.	Property Securing the Debt	1/60th o:	f the Cure Amount						
				Total: Add Lines	\$					
49	priority tax, child support and not include current obligation	rity claims. Enter the total amount, divide alimony claims, for which you were liable ans, such as those set out in Line 33.	at the time of your ba	nkruptcy filing. Do	\$					
	Chapter 13 administrative expensions administrative expensions	penses. Multiply the amount in Line a by toe.	he amount in Line b,	and enter the						
50	b. Current multiplier for	athly Chapter 13 plan payment. your district as determined under schedules e Office for United States Trustees. (This	\$							
	information is available the bankruptcy court.)	e at www.usdoj.gov/ust/ or from the clerk	X	ines a and h	\$					
51	information is available the bankruptcy court.) c. Average monthly adm	e at www.usdoj.gov/ust/ or from the clerk of inistrative expense of chapter 13 case	x Total: Multiply I	ines a and b	\$					
51	information is available the bankruptcy court.) c. Average monthly adm	e at www.usdoj.gov/ust/ or from the clerk	Total: Multiply I	Lines a and b	\$					
51	information is available the bankruptcy court.) c. Average monthly adm Total Deductions for Debt Pa	e at www.usdoj.gov/ust/ or from the clerk of inistrative expense of chapter 13 case yment. Enter the total of Lines 47 through	Total: Multiply I 1 50. 5 from Income	ines a and b						
	information is available the bankruptcy court.) c. Average monthly adm Total Deductions for Debt Pa Total of all deductions from in	e at www.usdoj.gov/ust/ or from the clerk of inistrative expense of chapter 13 case syment. Enter the total of Lines 47 through Subpart D: Total Deductions	Total: Multiply I 1 50. 5 from Income		\$					
	information is available the bankruptcy court.) c. Average monthly adm Total Deductions for Debt Pa Total of all deductions from i Part V. DETE	e at www.usdoj.gov/ust/ or from the clerk of inistrative expense of chapter 13 case syment. Enter the total of Lines 47 through Subpart D: Total Deductions ncome. Enter the total of Lines 38, 46, and	Total: Multiply I 1 50. 5 from Income		\$					
52	information is available the bankruptcy court.) c. Average monthly adm Total Deductions for Debt Pa Total of all deductions from in the payments for a dependent child.	e at www.usdoj.gov/ust/ or from the clerk of inistrative expense of chapter 13 case by the clerk of the clerk	Total: Multiply I 1 50. 1 51. LINCOME UND 1 1st, foster care payme	DER § 1325(b)(2)	\$					
52	Total of all deductions from i Part V. DETE Total current monthly income Support income. Enter the many payments for a dependent child law, to the extent reasonably n Qualified retirement deductions available the bankruptcy court.) Let a various and the bankruptcy court.) Part V. DETE Total current monthly income. Support income. Enter the many payments for a dependent child law, to the extent reasonably n	inistrative expense of chapter 13 case yment. Enter the total of Lines 47 through Subpart D: Total Deductions ncome. Enter the total of Lines 38, 46, and RMINATION OF DISPOSABLE e. Enter the amount from Line 20. onthly average of any child support payment, reported in Part I, that you received in acceessary to be expended for such child. ons. Enter the monthly total of (a) all amoultified retirement plans, as specified in § 54	Total: Multiply I 150. S from Income 151. E INCOME UND ats, foster care payme cordance with applications withheld by your	DER § 1325(b)(2) Ints, or disability able nonbankruptcy employer from	\$ \$					

	there is no reas If necessary, li provide your	special circumstances. If there are special conable alternative, describe the special circumstanditional entries on a separate page. To case trustee with documentation of these circumstances that make such expense no	cumstances and the resu tal the expenses and ent expenses and you mus	alting expenses in lines a-c below. For the total in Line 57. You must be the total transfer a detailed explanation			
57	Nature	of special circumstances	Amount of Expense				
	a.		\$				
	b.		\$				
	c.		\$]		
			То	tal: Add Lines	\$		
58	Total adjustm						
30	result.	\$	-				
59	Monthly Disposable Income Under § 1325(b)(2). Subtract Line 58 from Line 53 and enter the result.						
	Part VI ADDITIONAL EXPENSE CLAIMS						

Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.

60

	Expense Description	Monthly Amount
a.		\$
b.		\$
c.		\$
d.		\$
	Total: Add Lines a, b, c and d	\$

Part VII. VERIFICATION

I declare under penalty of perjury that the information provided in this statement is true and correct.	(If this is a joint case, I	both debtors
must sign)		

Date: May 9, 2014 Signature: /s/ Ivan Postivka

Ivan Postivka (Debtor)

Date: May 9, 2014 Signature /s/ Olga Shuparskaya

Olga Shuparskaya
Olga Shuparskaya

(Joint Debtor, if any)

61

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 11/01/2013 to 04/30/2014.